

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: Jian Cao, et al.
TITLE: Automated Template Generation Algorithm for Implantable Medical Device

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, "EXPRESS No. EV 325 072 134 US", on this 16th day of April, 2004.

~~Kathleen M. Altman~~ Sue McCoy

Printed Name

Signature

MAIL STOP PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

X Patent Application Transmittal

X Specification:

Total pages: 38 (including claims and abstract: Spec. 27 sheets; Claims 10 sheets; Abstract 1

X Drawings:

Total sheets: 8

☐ formal

☒ informal

☒ Combined Declaration and Power of Attorney:

☒ unexecuted

☐ copy from prior application

☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))

☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

X Accompanying application parts:

☐ Notification of filing a

☐ Assignment of the Invention to Medtronic, Inc.

☐ Assignment cover sheet

☐ Information Disclosure Statement

☐ PTO Form 1449

☐ Copies of IDS citations

☐ Preliminary Amendment

☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.

X Return Postcard

IF A CONTINUING APPLICATION:

☐

Continuation
No. .

☐

Divisional

☐

Continuation-in-part (CIP) of prior application

☐

Amend the specification by inserting before the first line the sentence: --This application is a _____ of application Serial No. _____, filed _____, now allowed.--

☐

Cancel in this application original claims _____ of the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.)

☐

The prior application is assigned of record to Medtronic, Inc.

☐

The Power of Attorney in the prior application is to: ____.

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.

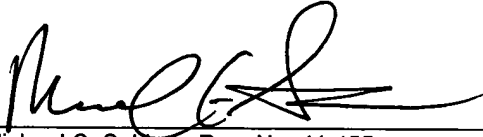
X Address all future correspondence to: Michael C. Soldner, Reg. No. 41,455
Telephone: (763) 514-4842
Customer No. 27581

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	36	20 =	16	x 18	\$288.00
Independent Claims	4	3 =	1	x 86	\$ 86.00
Multiple Dependent Claims			0	+ 290	
Basic Filing Fee					\$770.00
TOTAL					\$1,144.00

X Charge Deposit Account No. 13-2546 in the amount of **\$1,144.00** for the filing fee.

X The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

April 16, 2004
Date



Michael C. Soldner, Reg. No. 41,455
Telephone: (763) 514-4842
Customer No. 27581